

FROM : LAW OFFICE OF GEORGE FINCH PHONE NO. : 310+315 8210

Nov. 03 2001 03:45AM PT

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Approved for use through 03/04/00. GMS 0851-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **OPTI-0008**First Named Inventor **BUSH**

COMPLETE IF KNOWN

Application Number **/**Filing Date **5 NOV 01**

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ALL-FIBER AUTOCORRELATOR**the specification of which  
 is attached hereto  
OR was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application NumberApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(2) or 365(d) of any foreign application(s) for patent or invention certificate, or 365(d) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or invention's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/022B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/022B attached hereto.

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FINCH PHONE NO. : 310+315 8210

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(d) of any PCT International application, or continuing the United States or PCT International application, in the name(s) of the claim(s) of this application, as filed in the prior United States or PCT International application, in the manner required by the first paragraph of 35 U.S.C. 111. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)	
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="checkbox"/> Place Customer Number or Bar Code Label OR <input type="checkbox"/> Registered practitioner(s) as the registration number listed below			
Name	Registration Number	Name	Registration Number
George W. Finch	25,113		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below			
Name	George W. Finch		
Address	1620 26th Street, Suite 6000, North Tower		
Address			
City	State	CA	Zip 90404-404
Country	Telephone	(310) 315-8234	Fax (310) 315-8210
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name (First and middle if any)		Family Name or Surname	
Ira Jeffery		BUSH	
Inventor's Signature	<i>Ira Jeffery Bush</i>		Date 11/5/01
Residence: City	State	CA	Country
Post Office Address	1083 Point View Street		
City	State	CA	Zip 90035
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto			

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